## FEB 23 2006

|                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                        | CERTIFICA                                                                                                               |            | CIMIL E TO ANOMIO                                    | ION UNDER        | 27.0.5.0   | 61.0                 |              |           | BRINK                                          |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------|------------------|------------|----------------------|--------------|-----------|------------------------------------------------|--|--|
| I here                                                                                                                                        | eby cert                                                                                                                                                                                                                                                                                                                               |                                                                                                                         |            | SIMILE TRANSMISS<br>aling <u>6</u> pages including i |                  |            |                      | nsmitte      | ed to     | HOFE                                           |  |  |
| 1                                                                                                                                             | I hereby certify that this correspondence, totaling 6 pages including recited attachments, is being facsimile transmitted to the United States Patent and Trademark Office at facsimile no.: 571-273-8300 (Central number)) on the pelow date:  Date: February 23, 2006 Name: Jason M. Weinert Signature:                              |                                                                                                                         |            |                                                      |                  |            |                      |              |           | GILSO                                          |  |  |
| Date:                                                                                                                                         | <u>Februa</u>                                                                                                                                                                                                                                                                                                                          | rv 23, 2006 Name:                                                                                                       | Jason M. W | einert Sig                                           | nature:          | <u></u>    | <del> </del>         |              |           | &LION                                          |  |  |
| ln r                                                                                                                                          | е Арլ                                                                                                                                                                                                                                                                                                                                  | IN TH<br>pln. of: Dani                                                                                                  |            | <b>ED STATES PA</b><br>amin et al.                   | TENT A           | D TRAI     | DEMARK               | OF           | FICE      | ·                                              |  |  |
| Appln. No.: 10/077,562 Examiner: TBA                                                                                                          |                                                                                                                                                                                                                                                                                                                                        |                                                                                                                         |            |                                                      |                  |            |                      |              | TBA       |                                                |  |  |
| File                                                                                                                                          | Filed: February 15, 2002 Art Unit: 261                                                                                                                                                                                                                                                                                                 |                                                                                                                         |            |                                                      |                  |            |                      |              | 2615      |                                                |  |  |
| For                                                                                                                                           | For: INTERFACE FOR AUDIO/VISUAL DEVICE                                                                                                                                                                                                                                                                                                 |                                                                                                                         |            |                                                      |                  |            |                      |              |           |                                                |  |  |
| Atto                                                                                                                                          | ornev                                                                                                                                                                                                                                                                                                                                  | Docket No:                                                                                                              | 1133       | 86/1161 (P01139                                      | eus)             |            |                      |              |           |                                                |  |  |
|                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                        | -                                                                                                                       |            |                                                      |                  |            |                      |              |           |                                                |  |  |
| P. 0                                                                                                                                          | . Box                                                                                                                                                                                                                                                                                                                                  | oner for Patents<br>1450<br>, VA 22313-14                                                                               | •          |                                                      |                  | Т          | RANSI                | ΛIΤ          | TAL       | -                                              |  |  |
|                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                        | , , , , , , , , , , , , , , , , , , , ,                                                                                 |            |                                                      |                  |            |                      |              |           |                                                |  |  |
| Sir:                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                        |                                                                                                                         |            |                                                      |                  |            |                      |              |           |                                                |  |  |
| _                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                        | ls/are:                                                                                                                 |            |                                                      |                  |            | _                    |              |           |                                                |  |  |
| A Transmittal Letter (in duplicate); Power of Attorney; and Change of Correspondence Address and Docket Number (w/ Copy of Power of Attorney) |                                                                                                                                                                                                                                                                                                                                        |                                                                                                                         |            |                                                      |                  |            |                      |              |           | and Attorney                                   |  |  |
|                                                                                                                                               | Ret                                                                                                                                                                                                                                                                                                                                    | urn Receipt Pos                                                                                                         | tcard      |                                                      |                  |            |                      |              |           |                                                |  |  |
| Fee                                                                                                                                           | calcu                                                                                                                                                                                                                                                                                                                                  | lation:                                                                                                                 |            |                                                      |                  |            |                      |              |           |                                                |  |  |
| ☐ No additional fee is required.                                                                                                              |                                                                                                                                                                                                                                                                                                                                        |                                                                                                                         |            |                                                      |                  |            |                      |              |           |                                                |  |  |
|                                                                                                                                               | Sma                                                                                                                                                                                                                                                                                                                                    | all Entity.                                                                                                             |            |                                                      | •                |            |                      |              |           |                                                |  |  |
|                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                        |                                                                                                                         |            | nt of \$ for a _                                     |                  |            |                      |              | 37 C.F.R. | § 1.136(a).                                    |  |  |
|                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                        |                                                                                                                         | -          | n an amount of \$                                    |                  | -          | § 1.17(              | _).          |           |                                                |  |  |
|                                                                                                                                               | An a                                                                                                                                                                                                                                                                                                                                   | additional filing t                                                                                                     | ee nas b   | een calculated as s                                  | nown below       |            |                      | η            | 1         |                                                |  |  |
|                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                        |                                                                                                                         | 1          | 1                                                    | I                | Sma        | nall Entity          |              | Not a S   | Small Entity                                   |  |  |
|                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                        | talms Remaining<br>fter Amendment                                                                                       |            | Highest No. Previously Pald For                      | Present<br>Extra | Rate       | Add'1 Fee            | or           | Rate      | Add'l Fee                                      |  |  |
| Total                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                        |                                                                                                                         | Minus      |                                                      |                  | x \$25=    |                      |              | x \$50=   |                                                |  |  |
| Indep                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                        |                                                                                                                         | Minus      |                                                      |                  | x 100=     |                      | <del> </del> | x \$200=  |                                                |  |  |
| First I                                                                                                                                       | Presen                                                                                                                                                                                                                                                                                                                                 | tation of Multiple I                                                                                                    | Dep. Clain | 1                                                    | <u> </u>         | +\$180=    |                      | ├            | + \$360=  |                                                |  |  |
| F                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                        |                                                                                                                         |            |                                                      |                  | Total      | \$ .                 | <u> </u>     | Total     | <u>  \$                                   </u> |  |  |
|                                                                                                                                               | payme<br>A ch                                                                                                                                                                                                                                                                                                                          |                                                                                                                         | unt of ®   | is enclosed.                                         |                  |            |                      |              |           |                                                |  |  |
|                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                        |                                                                                                                         |            |                                                      | he amount        | of €       | A conv of            | thic         | Transmit  | tal is anclosa                                 |  |  |
| ш                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                        | Please charge Deposit Account No. 23-1925 in the amount of \$ . A copy of this Transmittal is enclose for this purpose. |            |                                                      |                  |            |                      |              |           |                                                |  |  |
|                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                        | Payment by credit card in the amount of \$ (Form PTO-2038 Is attached).                                                 |            |                                                      |                  |            |                      |              |           |                                                |  |  |
| ⊠                                                                                                                                             | The Director is hereby authorized to charge payment of any additional filing fees required under 37 CFR and any patent application processing fees under 37 CFR § 1.17 associated with this paper (includir extension fee required to ensure that this paper is timely filed), or to credit any overpayment, to C Account No. 23-1925. |                                                                                                                         |            |                                                      |                  |            |                      |              |           | r (including a                                 |  |  |
|                                                                                                                                               | 2                                                                                                                                                                                                                                                                                                                                      | 120 161                                                                                                                 |            |                                                      | Respe            | tully spbi | mitted,              | - 1          | _         |                                                |  |  |
|                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                        | 23/01                                                                                                                   |            |                                                      |                  | <u>Je</u>  | sw Wy<br>t (Reg. No. | النقع        |           | · .                                            |  |  |
| Date                                                                                                                                          | е                                                                                                                                                                                                                                                                                                                                      |                                                                                                                         |            |                                                      | Jason            | M. Wefner  | t (Reg. Nø.          | 55,7         | 722)      |                                                |  |  |
|                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                        |                                                                                                                         |            |                                                      |                  | $\vee$     |                      |              |           |                                                |  |  |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------|------------------------------------|------------------|----|------------|-----------------|-------|-----------|--------------|--|
| CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. §1.8  I hereby certify that this correspondence, totaling 6 pages including recited attachments, is being facsimile transmitted to the United States Patent and Trademark Office at facsimile no.: 571-273-8300 (Cestral number)) on the gelow date:  Date: February 23, 2006 Name: Jason M. Weinert Signature: |                                                                                                                                                                                                                                                                                                                                                      |              |           |                                    |                  |    |            |                 | ed to | HOFE      |              |  |
|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                      |              |           |                                    |                  |    |            |                 |       | GILSO     |              |  |
| Date:                                                                                                                                                                                                                                                                                                                                                                 | February 23, 2006                                                                                                                                                                                                                                                                                                                                    | _Name: _Ja   | son M, We | einert Sign                        | nature:          | ļο | mer mer    | March           |       |           |              |  |
|                                                                                                                                                                                                                                                                                                                                                                       | 1                                                                                                                                                                                                                                                                                                                                                    | IN THE       | UNIT      | ED STATES PA                       | TENT A           | N  | D TRAI     | DEMARK          | OF    | FICE      | &LIONI       |  |
| In re                                                                                                                                                                                                                                                                                                                                                                 | Appln. of:                                                                                                                                                                                                                                                                                                                                           | Daniel       | Beny      | amin et al.                        |                  |    | ŀ          |                 |       |           |              |  |
| App                                                                                                                                                                                                                                                                                                                                                                   | In. No.:                                                                                                                                                                                                                                                                                                                                             | 10/077       | 7,562     |                                    |                  |    |            | Exami           | ner:  | TBA       |              |  |
| Filed: February 15, 2002 Art Unit: 2615  For: INTERFACE FOR AUDIO/VISUAL DEVICE                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                      |              |           |                                    |                  |    |            |                 |       |           |              |  |
|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                      |              |           |                                    |                  |    |            |                 |       |           |              |  |
| Attorney Docket No: 11336/1161 (P01139US)                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                      |              |           |                                    |                  |    |            |                 |       |           |              |  |
|                                                                                                                                                                                                                                                                                                                                                                       | -                                                                                                                                                                                                                                                                                                                                                    |              |           |                                    |                  |    |            |                 |       |           |              |  |
|                                                                                                                                                                                                                                                                                                                                                                       | missioner for F                                                                                                                                                                                                                                                                                                                                      | atents       |           |                                    |                  |    |            |                 |       |           | <b>*</b>     |  |
|                                                                                                                                                                                                                                                                                                                                                                       | Box 1450<br>Indria, VA 223                                                                                                                                                                                                                                                                                                                           | 313-1450     |           |                                    |                  |    | T          | RANSI           | TIN   | TAL       |              |  |
| Sir:                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                      |              | •         | •                                  |                  |    |            |                 |       |           |              |  |
| Attac                                                                                                                                                                                                                                                                                                                                                                 | hed is/are:                                                                                                                                                                                                                                                                                                                                          |              |           |                                    |                  |    |            |                 |       |           |              |  |
| $\boxtimes$                                                                                                                                                                                                                                                                                                                                                           | A Transmitta                                                                                                                                                                                                                                                                                                                                         | l Letter (i  | n duplik  | cate); Power of Atto               | mey; and         | Cł | ange of (  | Correspond      | lence | e Address | and Attorney |  |
| П                                                                                                                                                                                                                                                                                                                                                                     | Return Rece                                                                                                                                                                                                                                                                                                                                          | •            |           | Power of Attorney)                 |                  |    |            |                 |       |           |              |  |
| _                                                                                                                                                                                                                                                                                                                                                                     | alculation:                                                                                                                                                                                                                                                                                                                                          | api rusic    | aru       |                                    |                  |    |            |                 |       |           |              |  |
|                                                                                                                                                                                                                                                                                                                                                                       | <u></u>                                                                                                                                                                                                                                                                                                                                              |              |           |                                    |                  |    |            |                 |       |           |              |  |
|                                                                                                                                                                                                                                                                                                                                                                       | Small Entity.                                                                                                                                                                                                                                                                                                                                        |              |           |                                    |                  |    |            |                 |       |           |              |  |
|                                                                                                                                                                                                                                                                                                                                                                       | An extension                                                                                                                                                                                                                                                                                                                                         | fee in a     | n amöu    | nt of \$ for a _                   | mon              | th | extensio   | n of time ur    | ider: | 37 C.F.R. | § 1.136(a).  |  |
|                                                                                                                                                                                                                                                                                                                                                                       | A petition or                                                                                                                                                                                                                                                                                                                                        | processir    | ng fee li | n an amount of \$                  | under            | 37 | C.F.R. §   | 1.17(           | _).   |           |              |  |
|                                                                                                                                                                                                                                                                                                                                                                       | An additional                                                                                                                                                                                                                                                                                                                                        | l filing fee | has be    | en calculated as si                | nown belov       | N: |            |                 |       |           |              |  |
|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                      |              |           |                                    |                  |    | Sma        | Small Entity No |       |           | Small Entity |  |
|                                                                                                                                                                                                                                                                                                                                                                       | Claims Ren<br>After Amer                                                                                                                                                                                                                                                                                                                             |              |           | Highest No.<br>Previously Paid For | Present<br>Extra |    | Rate       | Add'l Fee       | or    | Rate      | Add'i Fee    |  |
| Total                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                      |              | Minus     |                                    |                  |    | x \$25=    |                 |       | x \$50=   |              |  |
| indep.                                                                                                                                                                                                                                                                                                                                                                | <u>.</u>                                                                                                                                                                                                                                                                                                                                             |              | Minus     |                                    |                  |    | x 100=     |                 |       | x \$200=  |              |  |
| First Presentation of Multiple Dep. Claim                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                      |              |           |                                    | l                |    | +\$180=    |                 |       | + \$360=  |              |  |
|                                                                                                                                                                                                                                                                                                                                                                       | <i>:</i>                                                                                                                                                                                                                                                                                                                                             |              |           |                                    |                  |    | Total      | \$              |       | Total     | \$           |  |
|                                                                                                                                                                                                                                                                                                                                                                       | ayment:                                                                                                                                                                                                                                                                                                                                              |              |           |                                    |                  |    |            |                 |       |           | •            |  |
|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                      |              |           | is enclosed.                       |                  |    |            |                 | ٠     |           |              |  |
|                                                                                                                                                                                                                                                                                                                                                                       | Please charge Deposit Account No. 23-1925 in the amount of \$ . A copy of this Transmittal is enclosed for this purpose.                                                                                                                                                                                                                             |              |           |                                    |                  |    |            |                 |       |           |              |  |
|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                      |              |           | amount of \$                       | =                |    |            | <del>-</del>    |       |           |              |  |
| ⊠                                                                                                                                                                                                                                                                                                                                                                     | The Director is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.1 and any patent application processing fees under 37 CFR § 1.17 associated with this paper (including an extension fee required to ensure that this paper is timely filed), or to credit any overpayment, to Depos Account No. 23-1925. |              |           |                                    |                  |    |            |                 |       |           |              |  |
|                                                                                                                                                                                                                                                                                                                                                                       | 2 73/06 Respectfully submitted,  2 73/06 Jason M. Weinert (Reg. No. 55,722)                                                                                                                                                                                                                                                                          |              |           |                                    |                  |    | <b>-</b> . |                 |       |           |              |  |
| Date                                                                                                                                                                                                                                                                                                                                                                  | 1011                                                                                                                                                                                                                                                                                                                                                 |              |           |                                    | Jason            | N  | Weiner     | M WY            | 55.7  | (22)      | <u> </u>     |  |
| -6.0                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                      |              | •         |                                    | 34301            |    | 91161      | . (1 10g. 110.  | ٠,,١  | ,         |              |  |